

TB Times

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Director, Disease Control Programs

March 1998

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A Note From Dr. Davidson

Who should be screened for tuberculosis is always a challenging question. When screening is done there must be a reasonable expectation that those being screened have an increased risk for tuberculosis and that a proper response can be successfully made to those who have a positive finding. In the case of tuberculosis this means that a person with a positive skin test must be evaluated for disease with a chest x-ray. An abnormal x-ray finding means that tuberculosis disease must be ruled out with appropriate tests such as sputum smears and cultures. A normal x-ray finding still requires an assessment as to the risk of tuberculosis occurring and whether the person should be given preventive therapy. Because of the complexity of screening and the potential cost as well as the potential benefit to the individual and the community, it is critical to carefully select who should be screened. If any of the above elements are not possible or the persons being screened are unlikely to cooperate or be available for the indicated interventions, the value of screening is questionable and ordinarily should not be done.

In Los Angeles County the majority of the population has no or little risk of being infected with tuberculosis in the normal course of events. The Tuberculosis Control Program supports appropriate screening for tuberculosis in our efforts to control and eventually eliminate this disease in Los Angeles County. Our priorities are similar to those recommended by the State of California Department of Health Services and the Centers for Disease Control and Prevention. Please call me or any of the professional staff if you have questions about screening.

Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A. Participants must sign-in to receive applicable CME credit. Late arrivals of 15 minutes for a 1 hour program or 30 minutes for a 2 hour program will not receive CME credit.

April 3, 1998

9:00-10:15a.m.

*"An Overview of The Binational TB Committee:
Working Together to Combat TB in
California & Mexico"*

David Gambill, M.Sc.

Andrew Norman Hall

10:30-11:30a.m.

TB Case Presentation/Discussion

Hanh Q. Lê, M.D.

April 17, 1998

9:00-11:30a.m.

TB Case Presentation/Discussion

Hanh Q. Lê, M.D.

TB Control Classroom, #506A

"Review of 1998 ERN Protocol and
Standardized Procedures Revision"

10:30-11:30, Andrew Norman Hall

May 1, 1998

Speaker: TrinaPate, R.N., A.P.S.

California Tuberculosis Controllers Association

& California Department of Corrections

"Linking Up to Lock Out TB:
Forging Interagency Partnership"

May 11-13, 1998

Sacramento, California

Information: 510-883-6077

ERN Quarterly Inservices for 1998

August 7 & November 6

TB Special Drug Requests - Cost Savings and Patient Benefits

In 1994, TB Control began to require health district physicians to submit TB Special Drug Request Forms (SDRFs). This process was initiated to monitor the requests by district physicians for second-line anti-TB medications such as cycloserine, capreomycin, amikacin, kanamycin, ethionamide, ciprofloxacin, ofloxacin, clofazimine and rifabutin, and for special preparations of first-line medications such as rifampin suspension. Each SDRF that is submitted is carefully reviewed for appropriateness by a TB Control physician to assess the special treatment needs of each patient. The reasons for denied drug requests include availability of better and more appropriate regimens consisting of first-line drugs, inappropriate requests for drugs to treat MDR -TB, and the unnecessary extension of the duration of treatment. SDRFs are not required when treating atypical mycobacterial disease since the primary purpose from a program standpoint is to prevent the development of MDR -TB through the proper management of treatment regimens.

The number of cases reported in Los Angeles County over the past five years has been decreasing. However, the number of SDRFs submitted in 1997(287) was a 29% increase over the number submitted in 1996 (223). This dramatic increase is attributed to the rising number of SDRFs submitted for rifabutin for patients on protease inhibitors (CDC has recommended the option of treating HIV- infected persons with rifabutin and indinavir; MMWR 1996;45:921-925). This may also indicate that clinicians have a greater understanding of appropriate TB treatment practices.

Drug requests that are denied are carefully evaluated and analyzed in order to determine the monetary savings. Drug costs were primarily based on Health Services Purchasing Group Drug Agreement List, January 1 through December 31, 1995 and on estimates obtained by telephone from LAC-USC Pharmacy on December 29, 1997. If a requesting physician specified dosage and amount of a drug to be dispensed, the cost savings were calculated on these specific data. However, if the requesting physician failed to specify either dose or quantity of the drug to be dispensed, dosages were estimated based on estimates for an average-sized man or woman, and the amount of the drug dispensed was based on the recommended duration of treatment, or on standard lengths of treatment or on three and six month quantities. The ranges of total monetary savings realized through the denial of inappropriate SDRF requests was \$43,559.36 to \$51,090.62 over the four-year period. The monetary savings that resulted from the denial of inappropriate SDRFs declined 1994 through 1997 even though the number of SDRFs remained relatively constant (except for the increase in 1997). An improvement in the knowledge and practices of physicians regarding TB treatment regimens may be indicated by the submission of fewer inappropriate requests. -W.D.

F.Y.I.

TB Control would like to welcome Lucinda Claire, STC, formerly of the Lead Program. She will be assisting LaDoris Jefferson, RN, APS, at Tucker Health Center.

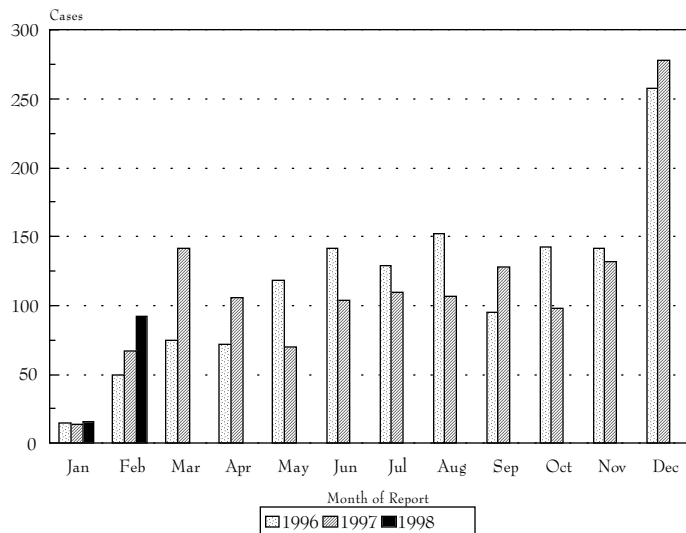
We also want to thank Richie David, STC, of the Registry/Surveillance Unit for his diligent work and effort. He has left County service to take on new challenges in the insurance industry. Good Luck!

The Impact of Tuberculosis on a
Global Scale
World TB Day: March 24, 1998



Waaa . . . I want a skin test **NOW!!!**

Los Angeles County Tuberculosis Control Tuberculosis Incidence By Month of Report, 1996-1998



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TB Times is a monthly publication to provide information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments or suggestions to:

TB Times

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March Topics of Interest...

- ⇒ Who should get screened for TB?
- ⇒ TB Special Drug Requests
- ⇒ Map Distribution of TB Cases by District